

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No. <i>02100</i>	
24 JAN 2003 (24.01.03) International Filing Date	
<b>PCT INTERNATIONAL APPLICATION RO/US</b>	
Name of receiving Office and PCT International Application"	
Applicant's or agent's file reference: <i>(if desired)(12 characters maximum)</i>	G25-073
<b>Box No. I TITLE OF INVENTION</b>	
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Name and address: <i>(family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)</i>  The University of Georgia Research Foundation, Inc. Boyd Graduate Studies Research Center Athens, Georgia 30602-7411 United States of America	<input type="checkbox"/> This person is also inventor  <input type="checkbox"/> Telephone No.: 706-542-5929  <input type="checkbox"/> Facsimile No.: 706-542-3837  <input type="checkbox"/> Teleprinter No.
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Name and address: <i>(family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)</i>  Emory University Office of Technology Transfer 2009 Ridgewood Drive Atlanta, Georgia 30322 United States of America	This person is: <input checked="" type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(if this check-box is marked, do not fill in below)</i>
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<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet. <p style="margin-left: 40px;">RE/15</p>	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:	
Name and address: <i>(family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)</i>  Henry D. Coleman Coleman Sudol Sapone, P.C. 714 Colorado Avenue Bridgeport, CT 06605-1601 United States of America	Telephone No. (203) 366-3560  Facsimile No. (203) 335-6779  Teleprinter No.
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

## Box No. V DESIGNATION OF STATES

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